



DEPARTMENT OF ECONOMIC DEVELOPMENT

## NEIGHBORHOOD ASSISTANCE PROGRAM PROJECT EXTENSION REQUEST

To request an extension for your Neighborhood Assistance Program (NAP) project, fill out the information below and mail to NAP, PO Box 118, Jefferson City, MO 65102. You will receive confirmation from NAP in writing regarding the approval or denial of your request. It is recommended that extension requests be submitted to the Jefferson City office no later than 60 days prior to the end of the project fundraising period. All extensions are for one year only. Attach additional pages if necessary.

NAP PROJECT NUMBER

PROJECT FUNDRAISING PERIOD (MM/DD/YY)

BEGINNING

ENDING

ORGANIZATION NAME

### USE ADDITIONAL PAGES IF NECESSARY.

1. In a brief paragraph, explain whether or not your organization has achieved the outcomes and performance targets found in Appendix A of your Project Agreement.

2. Has your organization used all the tax credits awarded for your approved project? If your organization has not used all the tax credits awarded, what will you do differently that will enable your organization to use the remaining tax credits in the extension period?

**REMEMBER TO COMPLETE THE OTHER SIDE.**

3. Identify your organization's performance targets for the extension period and indicate any proposed changes in the scope or direction of your project. (You may wish to review Appendix A of your Project Agreement.)

4. Identify your organization's milestones for each quarter of the extension period. Milestones are those critical steps that your organization will take during the extension period that will enable you to achieve the performance targets detailed in question 3.

PROJECT DIRECTOR SIGNATURE

PROJECT DIRECTOR NAME PRINTED OR TYPED

DATE

**FOR NAP USE ONLY**

APPROVED BY

DATE